

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>B</i>		11-27-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>GG</i>	912	12-03-01
RESPONSE FORMALITY REVIEW			

# BEST AVAILABLE COPY INDEX OF CLAIMS

= ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	4/12/01
2	4/12/01
3	4/12/01
4	4/12/01
5	4/12/01
6	4/12/01
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8	4/12/01
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49	4/12/01
50	4/12/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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